

APPLICATION FOR NAVY CONTRACT POSITIONS
THIS IS NOT A CIVIL SERVICE POSITION

I. IMPORTANT INFORMATION: CUTOFF DATE AND TIME FOR RECEIPT OF APPLICATIONS IS 3:00 PM EST ON OR BEFORE SEPTEMBER 17, 2001. SEND APPLICATIONS TO THE FOLLOWING ADDRESS:

NAVAL MEDICAL LOGISTICS COMMAND
1681 NELSON STREET, ATTN: CODE 02, SUSAN WELLEN
FORT DETRICK, MD 21702-9204
Ph: 301-619-3022

OR BY EMAIL TO sdwellen@us.med.navy.mil

A. NOTICE. This position is set aside for individual Registered Nurses only. Applications from companies will not be considered; additionally, applications from active duty Navy personnel, civilian employees of the Navy, or persons currently performing medical services under other Navy contracts will not be considered without the prior approval of the Contracting Officer,

B. POSITION SYNOPSIS. REGISTERED NURSE. The Government is seeking to place under contract an individual who holds a current, unrestricted license to practice as a Registered Nurse in any one of the fifty States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. This individual must also (1) meet all the requirements contained herein and (2), competitively win this contract award.

Services shall be provided at the NCI-Navy Medical Oncology Branch of the Naval Medical Center, Portsmouth, VA. You shall provide services focused on developing new and innovative approaches for the diagnosis and treatment of adults with lymphomas and solid tumors. The Branch presently cares for more than 2,000 patients, admitting approximately 100-200 new patients per year, all of whom are candidates for approved clinical trials.

You shall be on duty in the assigned clinical area for 40 hours each week; between the hours of 0730 and 1700. You shall normally provide services for an 8.5 or 9 hour period (to include an uncompensated .5 or 1 hour for lunch depending on shift length), Monday through Friday. A flexible schedule (such as 10 hours per day, 4 days per week) may be implemented upon the mutual agreement of you and the government. Specific hours shall be scheduled one month in advance by the Commander. Any changes in the schedule shall be coordinated between you and the Government. You shall arrive for each scheduled shift in a well rested condition and shall have had at least six hours of rest from all other duties as a Registered Nurse.

You shall accrue 6 hours of annual leave (vacation) and 2 hours of sick leave at the end of every 2 week period worked. Your services shall not be required on the following federally established paid holidays: New Year's Day, Martin Luther King's Birthday, President's Day, Memorial Day, Independence Day, Labor Day, Columbus Day, Veteran's Day, Thanksgiving Day, and Christmas Day. You shall be compensated by the Government for these periods of planned absence. This position is for a period beginning from the start date, (a date agreed upon by the successful applicant and the Government), through 30 September of the same fiscal year with options to extend the contract for a total of five years. The contract will be renewable each fiscal year at the option of the Navy.

II. STATEMENT OF WORK

A. The use of “Commander” means: Commander, Naval Medical Center, Portsmouth, VA, or designated representative, e.g., Technical Liaison or Department Head.

B. **SUITS ARISING OUT OF MEDICAL MALPRACTICE.** The health care worker is serving at the military treatment facility (MTF) under a personal services contract entered into under the authority of section 1091 of Title 10, United States Code. Accordingly, section 1089 of Title 10, United States Code shall apply to personal injury lawsuits filed against the health care worker(s) based on negligent or wrongful acts or omissions incident to performance within the scope of this contract. You are not required to maintain medical malpractice liability insurance.

Health care workers providing services under this contract shall be rendering personal services to the Government and shall be subject to day-to-day supervision and control by Government personnel. Supervision and control is the process by which the individual health care worker receives technical guidance, direction, and approval with regard to a task(s) within the requirements of this contract.

C. **DUTIES AND RESPONSIBILITIES.** You shall perform a full range of Registered Nurse duties, within the scope of this statement of work, on site using government furnished supplies, facilities and equipment within the assigned unit of the hospital. Workload occurs as a result of scheduled and unscheduled requirements for care.

Administrative and Training Requirements

1. Provide training and /or direction to supporting government employees (LPNs, corpsmen, etc.) assigned to you during the performance of clinical procedures. Such direction and interaction will adhere to government and professional clinical standards and accepted clinical protocol. Participate in clinical staff quality assurance functions at the prerogative of the Commander. You may be required to maintain statistical records of your clinical workload.
2. Participate in monthly meetings to review and evaluate the care provided to patients, identify opportunities to improve the care delivered, and recommend corrective action when problems exist. Should a meeting occur outside of your regular working hours, you shall be required to read and initial the minutes of the meeting.
3. Participate in the provision of monthly inservice training to non-healthcare-practitioner members of the clinical and administrative staff on subjects germane to nursing care.
4. Attend annual renewal of the following Annual Training Requirements provided by the MTF: family advocacy, disaster training, infection control, Sexual Harassment, Bloodborne Pathogens and Fire Safety.
5. Participate in the implementation of the Hospital’s Family Advocacy Program as directed. Participation shall include, but not be limited to, appropriate medical examination, documentation and reporting.
6. Attend Composite Healthcare System (CHCS) training provided by the Government for a minimum of four (4) hours, and up to a maximum of 40 hours.
7. Attend all annual retraining classes required by this command, to include Basic Life Support Level C (BLS-C) Certification.
8. Obtain certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer; or equivalent. This training and certification will be provided by the Navy.
9. Successfully complete MTF medication administration test, and successfully complete the MTF Medication PSI (Personal Study Instruction). The Medical Administration test may be voided if the government deems that you can evidence successful completion of a similar and comparable pharmacology test.

10. Successfully complete the MTF provided inservices in IV placement, blood and blood administration, and chemotherapy administration prior to assignment to these tasks.

STANDARD DUTIES. Your actual clinical performance will be a function of the Commander's credentialing process and the overall demand for RN services. Your productivity is expected to be comparable with that of other RNs assigned to the same facility and authorized the same scope of practice. You shall be responsible for coordinating, supervising and implementing a variety of clinical trials within the NCI-Navy Medical Oncology Branch. Among the responsibilities inherent to this position are the following:

1. Interview and evaluate all patients being screened for entry into clinical trials. Screen new patients, assessing their eligibility for available clinical trials. Serve as protocol liaison to community-based physicians regarding patient referrals for clinical trials.
2. Serve as a liaison for Clinical Staff Associates and Fellows in protocol implementation.
3. Monitor patients for response to therapy and communicating finds to Principal Investigators with recommendations for actions where indicated.
4. Gather demographic, psychological, and sociocultural data on patients for the purpose of planning individualized care in order to improve the quality of practice and clinical care outcomes.
5. Predict a wide variety of health care and research requirements for specific patient populations undergoing research. Examples include consolidating medical treatment schema, analyzing for real and or potential problems, and identifying implications for nurses.
6. Assign guidelines for handling complex therapies, intervening in handling problems and/or referring to other health care personnel as appropriate.
7. Analyze, summarize, publish and present the results of clinical trials.
8. Serve as co-investigator on clinical trials, as well as performing independent research on clinical nursing trials.
9. Possess extensive clinical knowledge of and experience in providing care to adults and their families who are receiving sophisticated and complex therapy.
10. Supervise nursing and other health care disciplines in the implementation of clinical trials for selected patient populations. Independently initiate, conduct, analyze and report research results designed to improve patient care and increase knowledge related to the care of elected patient populations.
11. Participate in multidisciplinary collaborations within the institution and the NIH.
12. Assist in the design of new protocols, provide and elicit input concerning the impact on available resources and discuss findings/recommendations with appropriate study chairperson.
13. Develop and maintain collaborative relationships with members of other health care disciplines, such as physicians, laboratory scientists, medical and surgical consultants, nurses, psychologists, social workers, nutritionists, physical and occupational therapists in order to provide comprehensive care planning for patients, and to facilitate clinical and laboratory research efforts.
14. Use appropriate research instruments, computer programs, and computer-compatible forms for data management and data tracking.
15. Discuss the following topics with patients and their families:

- Description and interpretation of clinical trials and diagnostic test procedures;
 - Rights and responsibilities of patients participating in research studies;
 - Responsibilities of the health care providers and the institution in providing care to the patient in a clinical trial; requirements for obtaining an informed consent.
 - Clinical problems, side-effects and their management
16. Orient teaching content to provide reinforcement and guidance in order that protocol deviations are minimized.
 17. Collect data on patient's psychological and biological reactions to therapy and changes in physical or laboratory parameters that indicate clinical response or progression to therapeutic regimes.
 18. Design appropriate methods for the collection, management and analysis of data generated by the clinical trials.
 19. Organize clinical data into computerized data sets. Analyze and interpret the data generated from clinical trials. Discuss results with appropriate investigators and clinicians and where indicated, facilitate implementation of research findings into clinical practice areas and prepare manuscripts for journal publications.
 20. Collaborate with nursing colleagues in the development and implementation of nursing research studies resulting from patient problems identified from clinical practice thus influencing the standards of practice and quality of patient care
 21. Schedule tests and procedures for patient participating in clinical trials according to protocol design and makes suggestions to medical clinicians when appropriate.
 22. Provide problem resolution in such areas as symptom management, effective coping, infection control and patient education enabling the health care worker to participate fully in the operation of clinical trials.
 23. Prepare various clinical trials for opening in this institution. Work with National Cancer Institute, Dr. Douglas Martin, Dr. Marsha Fink and Dr. Steven Hager, to identify national trials to be opened within this institution.
 24. Develop reports and present clinical results at local, national and international meetings and prepare research articles for publication in scientific journals.
 25. Serve as an expert in the specialty field, acting as consultant to all nursing services and health disciplines both within the institution and outside of the NCI>
 26. Teach programs for health care professionals within the institution, to international visitors, the community and at national meetings.
 27. Actively participate in community organizations and professional organizations at the local, state and national level.
 28. Contribute to the overall goals, objectives and mission of the NCI-Navy Medical Oncology Branch.
 29. Consultation: Provide consultative services to the following:
 - Nursing and other health care team members in protocol implementation and evaluation
 - Caregivers concerning the clinical management of the study populations.
 - Patients, families and multidisciplinary staff in order to solve clinical and research problems, and to advise staff and patients.
 - Primary care physicians, nurses and other community-based health care personnel, communicating current data resulting from the clinical trials and management of designated patients; recommend approaches and solutions to problems.

CREDENTIALS AND PRIVILEGING. Upon award, you shall complete an IPF (Individual Professional File) prior to performance of services. The IPF will be maintained at the MTF, and contains specific information with regard to the qualifying educational degree(s) and professional licensure, past professional experience and performance, education and training, health status and competency as defined in BUMEDINST 6320.66c and subsequent revisions, and higher directives. A copy of this instruction may be obtained from the World Wide Web at: <http://www-nmlc.med.navy.mil/code02/contractorinfo.htm>

D. Minimum Personnel Qualifications. To be qualified for this position you must:

1. Possess either (a), a Baccalaureate Degree in Nursing and at least two years experience, or (b), a Diploma Graduate and at least three years experience
2. Possess a current unrestricted license to practice as a registered nurse in any one of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, Guam or the U.S. Virgin Islands. You are responsible for complying with all applicable licensing relations.
3. Have successfully completed at least 12 classroom hours (Contact Hours/CEUs) of continuing education within the preceding 24 months that maintains skills and knowledge as an RN.
4. Provide three letters of recommendation from nurse supervisors of physicians attesting to your clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.
5. Be eligible for U.S. employment. Provide copies of supporting documentation per attachment ##.
6. Represent an acceptable malpractice risk to the Navy.

E. Factors to be Used in a Contract Award Decision. If you meet the minimum qualifications listed in the paragraph above entitled, "Minimum Personnel Qualifications" you will be ranked against all other qualified applicants using the following criteria, listed in descending order of importance.

1. Experience and training as it relates to the duties contained herein. Prior experience related to the development, implementation, and analysis of clinical trials will enhance your ranking. Prior experience in collating data, advising patients on clinical trials and interacting with Institutional Review Boards is preferred
2. The letters of recommendation, Item D.4., above, may enhance your ranking if they address such items as clinical skills, professionalism, or specific areas of expertise, etc, then,
3. Additional Medical certifications or licensure, then,
4. Total Continuing Education hours in the medical field, then
5. Prior experience in a military medical facility (Form DD214).

F. Instructions for Completing the Application. To be qualified for this contract position, you must submit the following:

1. _____ Two copies of a completed, "Application for Navy Contract Positions" (Attachment 1)
2. _____ One copy of a completed Pricing Sheet (Attachment 2)
3. _____ Two copies of employment eligibility documentation per Attachment 3.
4. _____ A completed CCR Application Confirmation Sheet (Attachment 4)
5. _____ A completed Small Business Program Representations Form (Attachment 5)
6. _____ Two copies of each required letter of recommendation per paragraph D.4., above.

G. Other Information for offerors.

ISA HANDBOOK available at <http://www-nmlc.med.navy.mil> under Contractor Employment Opportunities/Information, OR can be requested from the contract specialist listed below.

After your application is reviewed, the Government will do at least one of the following: (1) Call you to negotiate your price, or (2) Ask you to submit additional papers to ensure you are qualified for the position, (3) Send you a letter to tell you that you are either not qualified for the position or that you are not the highest qualified individual, or (4) Make contract award from your application. If you are the successful applicant, the contracting officer will mail to you a formal government contract for your signature. This contract will record the negotiated price, your promise to perform the work described above, how you will be paid, how and by whom you will be supervised, and other rights and obligations of you and the Navy. Since this will be a legally binding document, you should review it carefully before you sign.

PLEASE NOTE: As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving a Department of Defense (DoD) contract. You may register in the CCR through the World Wide Web at <http://www.ccr2000.com>. This website contains all information necessary to register in CCR. An extract from this website is provided as Attachment 4 to this application.

You will need to obtain a DUNS (Data Universal Numbering System) number prior to registering in the CCR database. This DUNS number is a unique, nine-character company identification number. Even though you are an individual, not a company, you must obtain this number. You may do so by calling Dun and Bradstreet at 1-800-333-0505.

The CCR also requires several other codes as follows:

CAGE Code: A Commercial and Government Entity (CAGE) code is a five-character vendor ID number used extensively within the DoD. If you do not have this code, one will be assigned automatically after you complete and submit the CCR form.

US Federal TIN: A Taxpayer ID Number or TIN is the same as your Social Security Number.

NAICS Code: A North American Industry Classification System code is a numbering system that identifies the type of products and/or services you provide. The NAICS Code for this position is 622110.

If you encounter difficulties registering in the CCR, contact the CCR Registration Assistance Centers at 1-888-227-2423 or call your Contract Specialist or Contracting Officer at NMLC. Normally, registration completed via the Internet is accomplished within 48 hours. Registration of an applicant submitting an application through the mail or via facsimile may take up to 30 days. Therefore, you are encouraged to apply for registration immediately upon receipt of the Notice of Contracting Opportunity. Any contractor who is not registered in CCR will NOT get paid.

Upon notification of contract award, you will be required to obtain a physical examination at your expense. The physician must complete the questions in the physical certification, which will be provided with the contract. You will also be required to obtain the liability insurance specified in Attachment 2, Pricing Information. Before

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commencing work under a Government contract, you must notify the Contracting Officer in writing that the required insurance has been obtained.

A complete, sample contract is available upon request.

Any questions must be directed to Mrs. Susan Wellen who may be reached at sdwellen@us.med.navy.mil , by fax at (301) 619-2925 or by telephone at (301) 619-3022.

We look forward to receiving your application.

PERSONAL QUALIFICATIONS SHEET - REGISTERED NURSE

1. Every item on the Personal Qualifications Sheet must be addressed. Please sign and date where indicated. Any additional information required may be provided on a separate sheet of paper (indicate by number and section the question(s) to be addressed).

2. The information you provide will be used to determine your acceptability based on Section D. of the solicitation. In addition to the Personal Qualifications Sheet, please submit three letters of recommendation as described in Item VIII. of this Sheet.

3. After contract award, all of the information you provide will be verified during the credentialing process. At that time, you will be required to provide the following documentation verifying your qualifications: Professional Education Degree, Release of Information, Personal and Professional Information Sheet, all medical licenses held within the preceding 10 years, continuing education certificates, and employment eligibility documentation. If you submit false information, your contract may be terminated for default. This action may initiate the suspension and debarment process, which could result in the determination that you are no longer eligible for future Government contracts.

4. Health Certification. Individuals providing services under Government contracts are required to undergo a physical exam 60 days prior to beginning work. The exam is not required prior to award but is required prior to the performance of services under contract. By signing this form, you have acknowledged this requirement.

5. Practice Information:

- | | <u>Yes</u> | <u>No</u> |
|--|------------|-----------|
| 1. Have you ever been the subject of a malpractice claim?
(indicate final disposition of case in comments) | ___ | ___ |
| 2. Have you ever been a defendant in a felony or misdemeanor case?
(indicate final disposition of case in comments) | ___ | ___ |
| 3. Has your license to practice or DEA certification ever been revoked
or restricted in any state? | ___ | ___ |

If any of the above is answered "yes" attach a detailed explanation. Specifically address the disposition of the claim or charges for numbers 1 and 2 above, and the State of the revocation for number 3 above.

PRIVACY ACT STATEMENT

Under 5 U.S.C. 552a and Executive Order 9397, the information provided on this page and the Personal Qualifications Sheet is requested for use in the consideration of a contract; disclosure of the information is voluntary; failure to provide information may result in the denial of the opportunity to enter into a contract.

_____	_____ (mm/dd/yy)
(Signature)	(Date)

Personal Qualifications Sheet - Registered Nurse

I. General Information

Name: _____ SSN: _____
Last First Middle

Address: _____

Phone: () _____

II. Professional Education:

RN Degree from: _____
(Name of School and location)

Date of Degree: _____ (mm/dd/yy)

III. Professional Licensure (License must be current, valid, and unrestricted)

State

_____(mm/dd/yy)
Date of Expiration

IV. Approved Continuing Education

[illegible]

V. Basic Life Support (Optional) Certification in American Heart Association Basic Life Support (BLS) for Healthcare Providers; American Heart Association Healthcare Provider Course; American Red Cross CPR (Cardio Pulmonary Resuscitation) for the Professional Rescuer, or equivalent.

Training Type listed on Card: _____

Expiration Date: _____ (mm/dd/yy)

VI. Professional Employment: List your current and preceding employers for the past 3 years within the preceding 5 years.

$$\vdots$$

<u>Name and Address of Present Employer</u>	<u>From</u>	<u>To</u>
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(1) _____

Work Performed:

Work Performed: _____

Names and Addresses of Preceding Employers

	<u>From</u>	<u>To</u>
(2) _____	_____	_____

Work Performed: _____

	<u>From</u>	<u>To</u>
(3) _____	_____	_____

Work Performed: _____

Are you are currently employed on a Navy contract? If so where is your current contract and what is the position? _____

_____ If so, when does the contract expire? _____

VII. Additional Medical Certification, Degrees or Licensure: This should include advanced education such as a Master's Degree:

Type of Certification, Degree or License and Date of Certification or Expiration

VIII. Professional References:

Provide three letters of recommendation from nurse supervisors of physicians or administrators attesting to your clinical and professional skills, competencies, patient rapport, training abilities, etc. Reference letters must include name, title, phone number, date of reference, address and signature of the individual providing reference. Reference letters must have been written within the preceding 5 years.

IX. Employment Eligibility:

	<u>Yes</u>	<u>No</u>
Do you meet the requirements for U.S. Employment Eligibility contained in Section V?	_____	_____

X. Additional Information:

Provide any additional information you feel may enhance your ranking based on Section E. "Factors to be Used in a Contract Award Decision", such as your resume, curriculum vitae, commendations or documentation of any awards you may have received, prior military experience, etc.

XI. I hereby certify the above information to be true and accurate:

_____	_____ (mm/dd/yy)
(Signature)	(Date)

PRICING SHEET

PERIOD OF PERFORMANCE

Services are required from 1 December 2001 through 30 September 2002. Five option periods will be included which will extend services through 30 November 2006, if required by the Government. The Contracting Officer reserves the right to adjust the start and end dates of performance to meet the actual contract start date.

PRICING INFORMATION

Insert the price per hour that you want the Navy to pay you. You may want to consider inflation rates when pricing the option periods. The Government will award a contract that is neither too high nor too low. Your price would be high enough to retain your services but not so high as to be out of line when compared to the salaries of other Research Registered Nurses in the Portsmouth, VA area. The hourly price includes consideration for the following taxes and insurance that are required:

(a) Please note that if you are awarded a Government contract position, you will be responsible for paying all federal, state and, local taxes. The Navy does not withhold any taxes. Your proposed prices should include the amount you will pay in taxes.

(b) Before commencing work under a contract, you shall obtain the following required levels of insurance at your own expense: (a) General Liability - Bodily injury liability insurance coverage written on the comprehensive form of policy of at least \$500,000 per occurrence, and (b) Automobile Liability - Auto liability insurance written on the comprehensive form of policy. Provide coverage of at least \$200,000 per person and \$500,000 per occurrence for bodily injury and \$20,000 per occurrence for property damage.

The price that you propose for the base period will be added to the proposed price for all option periods for the purpose of price evaluation.

<u>Line Item</u>	<u>Description</u>	<u>Quantity</u>	<u>Unit</u>	<u>Unit Price</u>	<u>Total Amount</u>
0001	The offeror agrees to perform, on behalf of the Government, the duties of one Research RN at the Naval Medical Center Portsmouth and its Branch Medical Clinics in accordance with this Application and the resulting contract.				
0001AA	Base Period; 1 Dec 01 thru 30 Sep 02	1728	Hours	_____	_____
0001AB	Option Period I; 1 Oct 02 thru 30 Sep 03	2088	Hours	_____	_____
0001AC	Option Period II; 1 Oct 03 thru 30 Sep 04	2096	Hours	_____	_____
0001AD	Option Period III; 1 Oct 04 thru 30 Sep 05	2080	Hours	_____	_____
0001AE	Option Period IV; 1 Oct 05 thru 30 Sep 06	2088	Hours	_____	_____
0001AF	Option Period IV; 1 Oct 06 thru 30 Nov 06	360	Hours	_____	_____
TOTAL FOR CONTRACT LINE ITEM 0001					_____

Printed Name _____

Signature _____ Date _____

LISTS OF ACCEPTABLE DOCUMENTS
SUBMIT ONE FROM LIST A

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U. S. Passport (unexpired or expired)
2. Certificate of U. S. Citizenship (INS Form N-560 or N-561)
3. Certificate of Naturalization (INS Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached INS Form I-94 indicating unexpired employment authorization.
5. Alien Registration Receipt Card with photograph (INS Form I-151 or I-551)
6. Unexpired Temporary Resident Card (INS Form I-688)
7. Unexpired Employment Authorization Card (INS Form I-688A)
8. Unexpired Reentry Permit (INS Form I-327)
9. Unexpired Refugee Travel Document (INS Form I-571)
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (INS Form I-698B)

OR SUBMIT ONE FROM LIST B AND ONE FROM LIST C

LIST B

Documents that Establish Identity

1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address
2. ID card issued by federal, state or local government agencies of entitles provided it contains a photograph or information such as name, date of birth, sex height, eye color, and address
3. School ID card with a photograph
4. Voter's registration card
5. U.S. Military card or draft record
6. Military dependant's ID Card
7. U.S. Coast Guard Merchant Mariner Card
8. Native American tribal document
9. Driver's license issued by a Canadian government authority

For persons under age 18 who are unable to present a document listed above;

10. School record or report card
11. Clinic, doctor, or hospital record
12. Day-care or nursery school record

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American Tribal document
5. U.S. Citizen ID Card (INS Form I-197)
6. ID Card for use of Resident Citizen in the United States (INS Form I-179)
7. Unexpired employment authorization document issued by the INS (other than those listed under List a).

**CENTRAL CONTRACTOR REGISTRATION APPLICATION
CONFIRMATION SHEET**

As of June 1, 1998 all contractors must be registered in the Central Contractor Registration (CCR) as a prerequisite to receiving the Department of Defense (DoD) contract.

Registration through the World Wide Web is preferred. The Web address is <http://www.ccr2000.com/howto.html> If you do not have internet access, please contact the CCR Assistance Center at 1-888-227-2423.

In order to register with the CCR you are required to obtain a DUNS number from Dun & Bradstreet. Please contact Dun & Bradstreet at 1-800-333-0505 to request a number or request the number via internet at <http://www.dnb.com.aboutdb/dunsform.htm>.

Complete the following and submit with initial offer:

Name: _____

Company: _____

Address: _____

Date CCR Form was submitted: _____

Assigned DUN & BRADSTREET #: _____

SMALL BUSINESS PROGRAM REPRESENTATIONS

As stated in paragraph I.A. of this application this position is set-aside for individuals. As an individual you are considered a Small Business for statistical purposes. If you are female, you are considered a woman-owned small business. If you belong to one of the racial or ethnic groups in section B, you are considered a small disadvantaged business. To obtain further statistical information on Women-owned and Small Disadvantaged Businesses you are requested to provide the additional information requested below.

NOTE: This information will not be used in the selection process nor will any benefit be received by an individual based on the information provided.

Check as applicable:

Section A.

- ☐ () The offeror represents for general statistical purposes that it is a woman-owned small business concern.
☐ () The offeror represents, for general statistical purposes, that it is a small disadvantaged business concern as defined in 13 CFR 124.1002.

Section B

[Complete if offeror represented itself as disadvantaged in this provision.] The offeror shall check the category in which its ownership falls:

- ☐ Black American.
☐ Hispanic American.
☐ Native American (American Indians, Eskimos, Aleuts, or Native Hawaiians).
☐ Asian-Pacific American (persons with origins from Burma, Thailand, Malaysia, Indonesia, Singapore, Brunei, Japan, China, Taiwan, Laos, Cambodia (Kampuchea), Vietnam, Korea, The Philippines, U.S. Trust Territory of the Pacific Islands (Republic of Palau), Republic of the Marshall Islands, Federated States of Micronesia, the Commonwealth of the Northern Mariana Islands, Guam, Samoa, Macao, Hong Kong, Fiji, Tonga, Kiribati, Tuvalu, or Nauru).
☐ Subcontinent Asian (Asian-Indian) American (persons with origins from India, Pakistan, Bangladesh, Sri Lanka, Bhutan, the Maldives Islands, or Nepal).

OFFEROR'S NAME: _____